

Appendix F

QA Monitoring Summary Tools



MONITORING SUMMARY REVIEW FORM INSTRUCTIONS

BCM REQUIRES A SUMMARY FORM BE COMPLETED FOR EACH CONTRACT REVIEWED. A COPY OF THE COMPLETED FORM NEEDS TO BE SUBMITTED TO BCM.

TYPES OF CONTRACT REVIEW SUMMARY FORMS

The BCM suggested form usage is as follows:

Service Contract Review Summary Report – Long Form

This summary form should be used in reporting findings for contracts that include residential programs, day programs, and crisis and shelter care services. The “long” form includes many of the documentation requirements for Medicaid funded programs.

Service Contract Review Summary Report – Short Form

This summary form should be used in reporting findings for most “pass through funding” agency program reviews (Division of Aging, Division of Substance Abuse and Division of Mental Health). The “short” form should also be used for reviewing mental health and other therapeutic support and service programs.

The “short” form is very similar to the “long form, except that monitoring requirements that are particular to residential and day programs have been removed.

Indirect Service/Vendor Contract Review Summary Report

This summary form should be used with all “vendor” contracts and contracts that do not provide a direct service to clients/consumers/customers. Examples of traditional vendor contracts would include contracts with consultants, contracts for janitorial services, and contracts for office supplies. An example of an indirect service contract would be one that provides educational or training services on the prevention of abuse, neglect, and exploitation of individuals, to individuals who may or may not be “clients” of a Department of Human Services’ Division.

Governance and Oversight Review Report

This summary form applies only to the Division of Mental Health and the Division of Substance Abuse. It should be used in reporting findings for the review of “Governance and Oversight” requirements contained in “HB 102”.

DOCUMENTING NON-COMPLIANCE AND THE LEVEL OF DEFICIENCY

Each BCM summary tool requires the contract monitor to classify each identified area into one of the three following classifications concerning compliance with the provisions of the contract: In compliance - Yes (Y); In compliance - No (N); or Not Applicable (NA).

Yes (Y): Yes, in compliance indicates the Contractor meets the contracted requirement at a level equal to or exceeding minimum requirements. In addition, the Contractor's performance in the specified area also meets or exceeds expectations for the quality of service delivery.

No (N): If the Contractor is not in compliance, the worker will mark NO AND categorize the level of deficiency (non-compliance) by marking the level as either Major, Significant, or Minor (see below for definitions of non-compliance classifications). All instances of the Contractor being out of compliance with the conditions of their contract must result in a corrective action.

Not Applicable (NA): In some cases the contract does not require the Contractor to be in compliance with an area defined on the summary report (e.g. individual "treatment" plans for domestic violence shelters). In those and similar situations, "N/A" should be marked.

In some cases a monitor may not review an area on the summary form. In those cases, the "compliance" and "deficiency" sections should be left blank AND an explanation of why this area is not reviewed needs to be included in the comment section. For example, in DSPD, a Contract Analyst will complete a fiscal accountability review of a Contractor. Therefore, a DSPD Quality Assurance reviewer would leave the fiscal accountability section of the summary form blank and state in the comments section "completed by regional contract analyst".

Areas Needing Improvement/Comments: In addition to establishing compliance/noncompliance with the contract, a section identifying areas that "need improvement" or "comments" has been included in the BCM Summary tools. Issues that "need improvement" are concerned with performance that meets or exceeds the minimum standards for compliance of a contract, but does not meet the quality desired by the contracting Division. "Comments" are included for any area that needs additional clarification. Areas needing improvement, should be addressed through technical assistance to the Contractor. It should be noted that this section of the summary tools do not replace the classification of contract compliance that is the primary use of the BCM summary tools.

DEFICIENCY CLASSIFICATION DEFINITIONS

Major Deficiency

Major deficiencies are deficiencies in contract requirements that affect the imminent health, safety, or well being of individual clients. Major deficiencies require immediate corrective action or response to the deficiency.

BCM recommends that in cases of deficiencies of this level, a response be completed in 24 hours or less. A response to major deficiencies may include the Division's removal of clients from the current setting into other placements.

Significant Deficiency

Significant deficiencies are: 1) deficiencies in contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment and/or care that jeopardizes the long-term well being of individual clients, OR 2) deficiencies in required paperwork/ documentation that are so severe or pervasive as to jeopardize continued funding to the Department.

BCM recommends that in cases of deficiencies of this level, a Corrective Action Plan be initiated within 10 days and completed within 30 days.

Minor Deficiency

Minor deficiencies are deficiencies in contract requirements that are relatively insignificant in nature and do not impact client well being or jeopardize Department funding. However, the level of deficiency does put the Contractor out of compliance with contract requirements. Errors in documentation are often considered minor deficiencies.

BCM recommends that in cases of deficiencies of this level, a Corrective Action Plan be initiated within 30 days and completed within 60 – 90 days.

PLEASE NOTE - if an area is marked as not being in compliance, the "Deficiency Level" must be marked. If a "Deficiency Level" (Major, Significant, or Minor) is marked, BCM will interpret this to mean a "corrective action" is being required of the Contractor. Additionally, Part I of the corrective action forms should be completed and sent to BCM immediately upon initiation of Corrective Action.

DEFINITIONS OF THE COMPONENTS TO BE REVIEWED

More detailed definitions of the areas to be reviewed are located in the BCM "Monitoring Handbook for Performance Based Contracts".

Program Requirements/Scope of Work

Assessment requirement: The requirements the Contractor must meet in determining eligibility for clients for services and/or developing treatment plans. Mental health assessments, psychological evaluations, risk assessments, functional assessments, medical evaluations, etc. are all forms of assessments required by various Divisions.

Clients match program description (eligibility/utilization): For example, a level of care determination or an appropriate mental health diagnosis establishes whether an individual should be receiving certain types of services. Reviewing whether an individual appears to be involved in a program that is appropriate for their needs would be a form of utilization evaluation.

Treatment/service requirements: The services or supports the Contractor is to deliver under the contract. These services and / or supports should reflect the components the Division considered in developing an appropriate cost of service. Examples would include the type and frequency of therapy sessions, specialized school programs, recreational or occupational therapy requirements, etc.

Documentation/client record requirements: Record-keeping responsibilities may include Division specific requirements in the documentation of individual client records, maintenance and storage of client records, and documentation to meet Medicaid Enhancement or other federal entitlements, etc.

Staff training: All training requirements the Contractor's staff must meet to provide the services or supports required by the contract.

Staff requirements: The type of staff (e.g. administrative, clinical, non-clinical etc.) the Contractor must have. This includes the types of professional licenses (e.g. a licensed mental health practitioner, a licensed dietitian, etc.) the staff must possess, in order to provide the contracted service or support and operate a viable business.

Staff to client ratios: The required staff-to-client ratios the Contractor must maintain for given situations during operating hours.

Contractor qualifications: The regulatory provisions with which the Contractor must comply to provide the contracted service, support, or project. Specifically, the particular types of licenses, including the types of DHS licenses, if any, the contractor must have to provide the contracted service (e.g. Residential Treatment, Residential Support, Adult Day Care etc.). Also any specific requirements the Contractor must meet to provide the type of service requested (e.g. criminal history background checks of employees, etc.)

Licensing Requirements

Possible violations of licensing requirements that need to be communicated to the Office of Licensing: For example, if reviews indicate client wellness is in jeopardy due to substandard living conditions, the matter should be documented and referred to Licensing for further handling.

Client Centered Objectives

Client objectives are specific to individual clients and should be included in the client's treatment/support/service plan.

Specific client objectives are reviewed: When required in the client's plan, did the Contractor develop acceptable individualized objectives based on assessed needs?

Data for client objectives has been collected and analyzed: Review whether reasonable measures exist for evaluating client progress in meeting established objectives and the Contractor is consistently documenting client progress using those measures (e.g. monthly summary of progress, quarterly reviews of progress, etc.)

Client Wellness

Methods or systems in place to prevent abuse, neglect, or exploitation: Review of the Contractor's system to prevent abuse, neglect, exploitation, and maltreatment of individuals in their program(s). A system review may include areas such as whether the Contractor's required license(s) (both program and staff) are current; whether the Contractor has assured their staff understands the DHS Contractor code of conduct; whether the Contractor is following policy or other requirements for employee training; whether the Contractor has a system for reporting and resolving incidents; whether personal interviews with clients indicate if the individual's residence is clean and in good repair, their nutritional needs are being met, and whether they are receiving adequate and safe medical care, etc.

Performance Measures

DHS uses defined program objectives to monitor a Contractor's performance. Program objectives should allow a monitor to assess program implementation and impact. Program objectives include both process objectives and program outcome objectives. Process objectives address those performance requirements considered most critical to overall program implementation. For example, a requirement that a case plan be written for all clients in a program is a process objective. Outcome objectives are used to evaluate the final result or impact of a program. For example, an outcome may be that 90% of youth in a program will be placed in a less restrictive environment.

How many performance measures are stated in the contract: The total number of performance measures specified in the contract.

Data collected for all performance measures: Report whether the indicators reviewed (e.g. attendance records for school, client discharge plans, an individual's satisfaction with their participation in the community) were acceptable in determining if performance measures are in compliance.

and % of performance measures successfully met: Divide the number of performance measures reviewed with the number that were in compliance.

Customer Satisfaction

Information obtained directly from the client/consumer/customer on their thoughts, feeling, beliefs, perceptions, etc. of the services being provided. Sources of this type of information could include direct client interviews, formal Division surveys, a review of the Contractor's internal surveys, etc.

Fiscal Monitoring

The purpose of a Division completing fiscal monitoring of its contracts is to determine whether or not purchased services were in fact provided (did we get what we paid for). The fiscal monitoring required is a basic review which is designed to identify areas of concern or "red flags" that may warrant a more thorough review/audit by DHS financial auditors.

Cost of Service Contracts:

Itemized billings are consistent with the contracted budget: Prior to payment, has a Division designee confirmed there is proper billing documentation to support payments? Confirmation may include ensuring that 1) itemized billings, which verify expenditures, are in the same categories as the budget within the contract; 2) major itemization categories have included, but are not limited to, administration, program costs, capital expenditures, matching funds to include monetary or inkind when appropriate, etc.; and 3) that documentation of expenditures is consistent with the percentages in the contract budget.

Onsite Reviews are in compliance with the contracted budget: The review completed onsite compares actual expenditures (program documentation) with the contracted budget to help ensure the integrity of the reimbursed costs.

Rate Based Contracts:

Case management/Division worker verification of billings prior to fund disbursement: Once billing documentation is received it is reviewed by case managers/other Division workers for accuracy prior to payment. The worker's review should consist of ensuring that: 1) the client(s) identified in the billing actually receive the type of service(s) specified; 2) the client / service itemization matches the sum total of the billing; and 3) payments are made with proper documentation attached to the billing (e.g. name of client(s) receiving the service,

service(s) provided, units (day/hour, etc.) of service provided, or any other stipulation required within the contract).

Onsite reconciliation of billings with client service records: Onsite comparisons of actual contracted services such as comparing population reports, Contractor hours committed to providing services, documentation of services provided in client service records, etc. with amounts paid to the Contractor.

“Pass Through” Contracts: (Similar to a cost of service review)

Itemized billings are consistent with the contracted budget: Review whether, prior to payment, a Division designee confirmed there is proper billing documentation to support payments. This may include ensuring that 1) itemized billings, which verify expenditures, are in the same categories as the budget within the contract; 2) major itemization categories include, but are not limited to, administration, program costs, capital expenditures, matching funds to include monetary or in kind when appropriate, etc.; and 3) documentation of expenditures is consistent with the contract percentages.

Onsite Reviews are in compliance with the contracted budget: The review completed onsite compares actual expenditures (program documentation) with the contracted budget to help ensure the integrity of the reimbursed costs.

Client Fund Management

This would include client/customer funds in “Protective Payee” accounts, client personal needs allowance accounts, etc.

Client funds are managed appropriately by the Contractor: Does the Contractor follow the Division policy/contract requirements in assisting clients to manage/spend their personal funds?

Federal Assurances and Standard Terms and Conditions: These are the terms and conditions in the contract that must be included due to federal or state law or rule.

Annual self-certification signed: BCM has developed a self-certification statement for use in monitoring these requirements in multi-year contracts. The purpose of this monitoring tool is twofold: 1) to remind the Contractor of its obligation to comply with the referenced provisions and 2) to obtain the Contractor’s assurance that it is, in fact, complying with them. The self-certification statement should be reviewed and signed by Contractors with multi-year contracts on an annual basis. (The use of this tool is unnecessary in the case of one year contracts because the Contractor’s signature on the contract evidences its recent review of and agreement to abide by the requirements the certification statement references.) However, agencies may use the self-certification with non multi-year contracts as they deem appropriate.

The sample of the standard terms and/or Federal Assurances reviewed indicates compliance: At least one of the Standard Terms or Federal Assurances contained in the contract has been reviewed. BCM has also developed a checklist instrument for conducting spot checks to verify compliance with Federal Assurances and Standard Terms and Conditions. This instrument may be used to monitor compliance in both single and multi-year contracts.

Additional Requirements: Required areas reviewed that are not already part of the BCM summary report form. Additional requirements are usually those items that must be included in a given contract due to requirements such as Federal requirements, including areas such as Targeted Case Management (TCM), Medicaid Enhancement, and Federal Waivers; Federal, State, or Private grant requirements such as Social Services Block Grants (SSBG); State statutory requirements including, but not limited to those found in the statutory provisions amended or implemented by H.B. 102, or the provisions relating to DCFS Youth Services or criminal background checks, etc.; Department requirements such as the Code of Conduct; Division policy and / or administrative rule requirements such as residential care certification.

Service Contract Review Summary Report – Long Form

(Residential/day programs, crisis/shelter care services)

Division: _____ Date: _____

Reviewer(s): _____

Provider Name: _____ Provider ID: _____

Contract #: _____

Review Location(s): _____

Compliance Ratings: Y = Yes; N = No; NA = Not applicable

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
Program Requirements/Scope of Work					
Assessment requirements	Y	N	NA	Major _____ Significant _____ Minor _____	
Clients match program description (eligibility/utilization)	Y	N	NA	Major _____ Significant _____ Minor _____	
Treatment and service requirements	Y	N	NA	Major _____ Significant _____ Minor _____	
Documentation/client record requirements	Y	N	NA	Major _____ Significant _____ Minor _____	
Staff Training	Y	N	NA	Major _____ Significant _____ Minor _____	
Staff requirements	Y	N	NA	Major _____ Significant _____ Minor _____	
Staff to client ratios	Y	N	NA	Major _____ Significant _____ Minor _____	
Provider qualifications (required license, Medicaid provider, etc.)	Y	N	NA	Major _____ Significant _____ Minor _____	
Client Centered Objectives					
Specific client objectives are included in all client files?	Y	N	NA	Major _____ Significant _____ Minor _____	

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
Data for client objectives has been collected and analyzed (i.e. objectives based on assessment data, monthly/quarterly progress reports, etc)	Y	N	NA	Major ____ Significant ____ Minor ____	
Client Wellness					
Methods or system in place to prevent abuse, neglect, or exploitation	Y	N	NA	Major ____ Significant ____ Minor ____	
Performance measures					
How many performance measures are stated in the contract?	Number: _____				
Data collected for all performance measures	Y	N	NA		
# and % of performance measures successfully met.	Number: _____ Percent: _____				
Customer satisfaction					
Customer satisfaction data has been collected and summarized.	Y	N	NA	Major ____ Significant ____ Minor ____	
FISCAL MONITORING PLAN					
Cost of Service Contracts					
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Y	N	NA	Major ____ Significant ____ Minor ____	
Onsite reviews of "costs of service" are in compliance with contracted budget?	Y	N	NA	Major ____ Significant ____ Minor ____	
Rate Based Contracts					
Case management/ worker verification of billings prior to fund disbursement?	Y	N	NA	Major ____ Significant ____ Minor ____	
Onsite reconciliation of billings with client service records?	Y	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
Client Fund Management					
Client funds have been managed appropriately by the provider.	Y	N	NA	Major ____ Significant ____ Minor ____	
Federal Assurances and Standard Terms					
Annual self-certification signed? (Only required for multi-year contracts)	Y	N	NA		
The sample of the standard terms and/or Federal Assurances reviewed indicates compliance?	Y	N	NA	Major ____ Significant ____ Minor ____	
Additional Requirements (list additional resources and monitoring result below)					
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	

Licensing Requirements			
Were possible violations of licensing requirements identified that required notification of the Office of Licensing?	Yes	No	Date of notification: _____ Who was contacted in Licensing? _____

CONTRACT MONITOR (Signature) Date _____

CONTRACT MONITOR (Please Print)

CONTRACT MONITOR (Signature) Date _____

CONTRACT MONITOR (Please Print)

Service Contract Review Summary Report – Short Form
(Division of Aging, Substance Abuse & Mental Health programs; mental health and other therapeutic supports and services)

Division: _____ Date: _____

Reviewer(s): _____

Provider Name: _____ Provider ID: _____

Contract #: _____

Review Location(s): _____

Compliance Ratings: Y = Yes; N = No; NA = Not applicable

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
Program Requirements/Scope of Work					
Assessment requirements	Y	N	NA	Major ____ Significant ____ Minor ____	
Clients match program description (eligibility/utilization)	Y	N	NA	Major ____ Significant ____ Minor ____	
Specific client objectives are included in all client files.	Y	N	NA	Major ____ Significant ____ Minor ____	
Data for client objectives has been collected and analyzed for all clients? (i.e. quarterly program reviews/monthly reports)	Y	N	NA	Major ____ Significant ____ Minor ____	
Other treatment and service documentation requirements	Y	N	NA	Major ____ Significant ____ Minor ____	
Provider qualifications (required license, Medicaid provider, etc.)	Y	N	NA	Major ____ Significant ____ Minor ____	
Other provider requirements (i.e. Staff Training)	Y	N	NA	Major ____ Significant ____ Minor ____	
Client Wellness					
Methods or system in place to prevent abuse, neglect, or exploitation	Y	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
Performance measures					
How many performance measures are stated in the contract?	Number: _____				
Data collected for all performance measures	Y	N	NA		
# and % of performance measures successfully met.	Number: _____ Percent: _____				
Customer satisfaction					
Customer satisfaction data has been collected and summarized.	Y	N	NA	Major ____ Significant ____ Minor ____	
Fiscal monitoring					
Case management/ worker verification of billings prior to fund disbursement?	Y	N	NA	Major ____ Significant ____ Minor ____	
Onsite reconciliation of billings with client service records?	Y	N	NA	Major ____ Significant ____ Minor ____	
Federal Assurances and Standard Terms					
Annual self-certification signed? (Only required for multi-year contracts)	Y	N	NA		
The sample of the standard terms and/or Federal Assurances reviewed indicates compliance?	Y	N	NA	Major ____ Significant ____ Minor ____	
Additional Requirements (list additional resources and monitoring result below)					
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / No/ NA)			Deficiency Level?	Areas Needing Improvement/ Comments:
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	

Licensing Requirements			
Were possible violations of licensing requirements identified that required notification of the Office of Licensing?	Yes	No	Date of notification: _____ Who was contacted in Licensing? _____ _____

CONTRACT MONITOR (Signature)

Date

CONTRACT MONITOR (Please Print)

CONTRACT MONITOR (Signature)

Date

CONTRACT MONITOR (Please Print)

Indirect Service/Vendor Contract Review Summary Report

Division: _____ Date: _____

Reviewer(s): _____

Provider Name: _____ Provider ID: _____

Contract #: _____

Review Location(s): _____

Compliance Ratings: Y = Yes; N = No; NA = Not applicable

Component	Compliance? (Yes / No/ NA)			* Deficiency Level?	Areas Needing Improvement/ Comments:
Provider Qualifications					
Provider qualifications (license, experience, etc.)	Y	N	NA	Major ____ Significant ____ Minor ____	
Performance Measures					
Does the Provider meet the deliverables required in the contract?	Y	N	NA	Major ____ Significant ____ Minor ____	
Fiscal monitoring					
Billings from providers are itemized in same categories as contracted budget?	Y	N	NA	Major ____ Significant ____ Minor ____	
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Y	N	NA	Major ____ Significant ____ Minor ____	
Onsite reviews of "costs of service" are in compliance with contracted budget?	Y	N	NA	Major ____ Significant ____ Minor ____	
Federal Assurances and Standard Terms					
Annual self-certification signed? (Only required for multi-year contracts)	Y	N	NA		
The sample of standard terms and/or Federal Assurances reviewed indicates compliance?	Y	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / No/ NA)			* Deficiency Level?	Areas Needing Improvement/ Comments:
Additional Requirements/Major Deliverables					
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	
	Y	N	NA	Major ____ Significant ____ Minor ____	

CONTRACT MONITOR (Signature)

Date

CONTRACT MONITOR (Please Print)

CONTRACT MONITOR (Signature)

Date

CONTRACT MONITOR (Please Print)

House Bill 102 Review Summary

(Divisions Substance Abuse & Mental Health Local Authority Review only)

Division: _____ Date: _____

Reviewer(s): _____

Provider Name: _____ Provider ID: _____

Contract #: _____

Review Location(s): _____

Compliance Ratings: Y = Yes; NI = Needs improvement; N = No; NA = Not applicable

Component	Compliance? (Yes / NI / No/ NA)				* Deficiency Level?	Comments:
Review and approve the local authority's plan						
1) Assurances of a statewide comprehensive continuum of services	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
2) Assurances of the appropriate expenditure of public funds.	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Annual review with local authority concerning their statutory and contract responsibilities						
a) the use of public funds,	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
b) oversight responsibilities	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
c) governance of programs and services.	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Evaluation of programs provided by local authority						
Onsite review of contracted service requirements	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Other type of review(s) (Identify type of review)	Y	NI	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / NI / No/ NA)				* Deficiency Level?	Comments:
Board and Division policy						
Compliance with board and division policy	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Other contract requirements (e.g. conflicts of interest)	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Expenditure of public funds (local, state, federal)						
Local Authority - travel	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Local Authority - other	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Private Contractor(s) - travel	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Private Contractor(s) - other	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Local authority compliance with its oversight and management responsibilities.						
a. Complying and requiring compliance by its contract provider with all directives issued by the DHS and DOH regarding the use and expenditure of state and federal funds received from those departments for the purpose of providing services;	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
b. Complying and requiring compliance by its contract provider with all applicable state and federal statutes, policies, audit requirements, contract requirements, and any directives resulting from those audits and contract requirements;	Y	NI	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / NI / No/ NA)				* Deficiency Level?	Comments:
c. Complying with the requirements and procedures outlined in 62A-12-105(3) SA and 62A-12-289.1 MH for independent audit requirements and what must be provided in the audit.	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
d. Compliance with the provisions of Subsection (3)(b); e) ensuring that the public funds it receives are used in accordance with federal and state law, the rules and policies of the DHS and DOH and the provisions of any contract between the local authority and the DHS, the DOH, or a private provider.	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Contract Language and other assurances						
Local authority's contract(s) with its provider of services are in compliance with state and federal law and policy.	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Documentation states that the division and the county auditor may examine and audit financial records.	Y	NI	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / NI / No/ NA)				* Deficiency Level?	Comments:
<p>Contracts include wording that includes:</p> <p>1. The division can withhold funds otherwise allocated to the authority to cover the costs of audits, attorney's fees, and other expenses associated with reviewing the expenditure of public funds by a local authority or its contract provider if there is an audit finding or judicial determination public funds were misused.</p> <p>2. Contract noncompliance;</p> <p>3. failure to comply with division directivities</p> <p>4. Failure of a local authority's contract with a provider to comply with state and federal law or policy</p>	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
Provide a written report to the legislature that addresses:						
a) the annual audit and review;	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
b) the financial expenditures of each local authority and its contract provider; the status of each local authority's and its contract provider's compliance with its plan, state statutes, and contract provisions;	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
c) whether established audit guidelines provide the division sufficient criteria and assurances of appropriate expenditures of public funds;	Y	NI	N	NA	Major ____ Significant ____ Minor ____	

Component	Compliance? (Yes / NI / No/ NA)				* Deficiency Level?	Comments:
d) whether public funds allocated to local authorities are consistent with services rendered and outcomes reported by it or its contract provider; and	Y	NI	N	NA	Major ____ Significant ____ Minor ____	
e) whether each local authority is exercising sufficient oversight and control over the public funds allocated to it for services.	Y	NI	N	NA	Major ____ Significant ____ Minor ____	

CONTRACT MONITOR (Signature)

Date

CONTRACT MONITOR (Please Print)

CONTRACT MONITOR (Signature)

Date

CONTRACT MONITOR (Please Print)